U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FOR NUMBER EXTRA NUMBER FILED RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) \$385.0 \$770.0 OR TOTAL CLAIMS x \$18.0= (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS x \$ 86.P= (37 CFR 1.16(b)) minus 3 = OR s29b,= MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY (Column 1) SMALL ENTITY CLAIMS HIGHEST PRESENT REMAINING NUMBER RATE ADDI-RATE ADDI-ENDMENT **EXTRA** AFTER PREVIOUSLY TIONAL TIONAL FEE AMENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) OR Independent (37 CFR 1.16(b)) Minus x \$ 86 = OR + s,29D= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) HIGHEST CLAIMS  $\omega$ REMAINING PRESENT RATE RATE NUMBER ADDI-ADDI-PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT AFTER AMENDMENT PAIDFOR FEE FEE Total (37 CFR 1.16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL ADD'L FEE OR ADD'L FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST  $\circ$ PRESENT RATE RATE REMAINING NUMBER ADDI-ADDI **EXTRA** AMENDMENT AFTER PREVIOUSLY TIONAL TIONAL PAID FOR AMENDMENT FEE FEE Total (37 CFR 1.16(c)) Minus OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATEN	Application or Docket Number								
i' c	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY					
(Column 1) (C		NUMBE	R EXTRA	RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))					\$385.°	OR		s7700	
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20	<u>.</u>  .		x \$ 9.00 =		OR OR	x \$18.0°=		
INDEPENDENT CLAIMS (37 CFR 1.16(b))	DEPENDENT CLAIMS			× \$ 130 =		OR OR	× \$86.0=		
(37 CFR 1.16(b)) minus 3 =   MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+.1450		OR OR	+ \$290.=	ž	
* If the difference in column	TOTAL	<del> </del>	OR	TOTAL					
		TOTAL	L	I OK	TOTAL				
CLAIMS AS AMENDED – PART II									
1.30.03	Column 1)	(Column 2)	(Column 3)	SMALL E	ENTITY	OR	SMALL ENTITY		
A	CLAIMS EMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total *	103 Minus	<del>" 81  </del>	-	× \$ 9 =		OR	× \$/8 =	<del></del>	
	8 Minus	··· //	= ~	× \$ 43 =		OR	x \$ 86 =	<u> </u>	
FIRST PRESENTATION	IN OF MULTIPLE DEPENDEN	NT CLAIM (37 CF)	R 1.16(d))	+ \$145=		OR	+ s29D=	<u> </u>	
	- 10 %			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
5603	Column 1)	(Column 2)	(Column 3)	•		l			
m R	CLAIMS EMAINING	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	02 Minus	".\Z/	* <b>~</b>	× \$ 9_=	_	OR	× \$ <u>/8</u> =	•	
Z Independent (37 CFR 1.16(b))	8 Minus	··· 10	=	x s43 =		OR	× \$ 86 =	)	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 145 =		OR	+ \$290=	<u>~</u>	
_				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	Ų	
10.20.03 (	Column 1)	(Çolumn 2)	(Column 3)						
O R	CLAIMS EMAINING AFTER MENDMENT	HIGHEST NUMBER PREVIOUSLY PAJEJFQR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total (37 CFR 1.16(c))	30 Minus	" 8/	=,	× s 9 =		OR	x.s/8 =		
Total (37 CFR 1.16(c))  Z Independent (37 CFR 1.18(b))	Minus	··· 10	=	× s 43=		OR.	x \$ 860_=	_	
FIRST PRESENTATION	N OF MULTIPLE DEPENDEN	IT CLAIM (37 CFF	R 1.16(d))	+ \$145 =		OR	+ \$290=		
				TOTAL ADD'L FEE		ÓR	TOTAL ADD'L FEE		
<ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</li> </ul>									

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875								Application or Doctor Humma 80			
CLAIMS AS FILED – PART I (Column 1) (Column 2)					_	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
FOR NUMBER FILED N		NUMB	ER EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE (37 CFR 1.16(a))			1		\$385.0	OR		\$ A90 0			
TO	TOTAL CLAIMS		) /	1	x \$9.00 =	*32322 ·	1 ·	× \$ 18.0=	11) GQ W		
IND	(37 CFR 1.16(c)) minus 20 =		<u>.                                    </u>		1130	<del> </del>	OR	x \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	#11 12		
(37	(37 CFR 1.16(b)) / minus 3 =		$\mid \mid \mid$	× \$ 70. =		OR		OThe.			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$ 145°=		OR	+ \$29b. 3	10 - 0 1 13
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL (	2334.0	
CLAIMS AS AMENDED - PART II											
<u>/ · (</u>	0.02	(Column 1)		(Column 2)	(Column 3)		SMALL I	ENTITY	OR		R THAN ENTITY
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 CFR 1.16(c))	.81	Minus	" \P/	=		x \$ 9_=		OR	× s/8 =	Ĵ
AMENDMENT	Independent (37 CFR 1.16(b))	.7/	Minus	/	=		× 543 =		OR	× \$ 86 =	<u> </u>
AM		TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CI	FR 1.16(d))		+ 145		OR	+ s 29D=	<u>~</u>
	L			· · · · · · · · · · · · · · · · · · ·	-	J 1	TOTAL		•	TOTAL	<i></i>
M	BUARR	/ (0.1.1)		(0.4	(0.1.0)		ADD'L FEE		OŖ	ADD'L FEE	L .
8 1/4	0.27.08	CLAIMS CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAJE FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
)MĘ	Total (37 CFR 1.16(c))	· FHA	Minus	" \}"	=		× \$ 9 =		OR	× \$/8 =	_
ENDM	Independent (37 CFR 1.16(b))	. 4	Minus	··· 1(9)	= -		x \$43 =		OR	x \$ 86 =	
AM	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))		+145-		OR	+ \$290=	
	1					1 L	TOTAL ADD'L FEE		OR I	TOTAL ADD'L FEE	<u> </u>
11	21.00	(Column 1)		(Column 2)	(Column 3)		, lob E i E E		1 0	7.00 2 7 22	
	0000	CLAIMS		HIGHEST		1 [					
NTC		REMAINING AFTER AMFNDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDME	Total (37 CFR 1.16(c))	1/02	Minus	· 81	=		× s 9 =		OR	× 5/8 =	
I N	Independent (37 CFR 1.16(b))	· 🛇 .	Minus	··· // )	= -		× \$ 43=		OR	× \$ 860 =	<u> </u>
AMI		ATION OF MULTIPLE	E DEPENDI	ENT CLAIM (37 CF	R 1.16(d))		+.145-		OR OR	+ \$290=	<u>.</u>
("						ı L	TOTAL			TOTAL	·
	* If the entry in co	olumn 1 is less tha	n the entry	/ in column 2, writ	te "0" in cotumn :	3.	ADD'L FEE		OR	ADD'L FEE	
" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.